

IMPORTANT NOTICE: Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor.

**Notice of Delegated Prescriptive
Authority for Controlled Substances
(Prescribing Psychologist)**

PP-CS

COLLABORATING PHYSICIAN:

Complete this form as official notification you are delegating prescriptive authority for controlled substances for the prescribing psychologist named herein. Submit form to:

**Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786**

Upon your decision to terminate the delegated prescriptive authority for controlled substances for this individual, you must notify the Department of your intent by completing a Notice of Termination of Delegated Prescriptive Authority.

This notice, as well as other forms required for Prescribing Psychologist Licensure and for the Mid-level Practitioner Controlled Substance License, can be downloaded from the IDFP Web site at: www.idfpr.com.

1. NAME OF PRESCRIBING PSYCHOLOGIST (Last, First, Middle Initial)

2. DATE OF BIRTH

3. SOCIAL SECURITY NUMBER

____ / ____ / ____
Month Day Year

____ - ____ - ____

4. ADDRESS STREET, CITY, STATE, ZIP CODE

5. **Prescribing Psychologist Mid-level Practitioner
Controlled Substances License**

Profession Name

3 7 4
Profession Code

6. LICENSE NUMBER OF PRESCRIBING PSYCHOLOGIST
(If unknown, leave blank.)

7. MAIDEN OR GIVEN SURNAME

This is to certify that I, _____, have delegated
(Collaborating Physician)

prescriptive authority to _____ in order to prescribe and/or
(Prescribing Psychologist)

dispense controlled substances categorized as non-narcotic Schedule III, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act. I further certify the delegation of prescriptive

authority is appropriate to my practice and within the scope of the prescribing psychologist's training. The **Prescribing Psychologist** named hereinabove may prescribe and/or dispense (please check appropriate box(es)):

Schedule(s) III ☐ IV ☐ V ☐

***Such delegation shall be in accordance with the provisions set forth in Section 303.05 a)4) of the Illinois Controlled Substances Act.**

Print Name of Collaborating Physician

Signature of Collaborating Physician

Illinois License Number of Collaborating Physician

Illinois Controlled Substance Number

Date of Delegation of Prescriptive Authority

Business Street Address of Collaborating Physician

City, State, Zip Code